

Case Number:	CM14-0192989		
Date Assigned:	11/26/2014	Date of Injury:	01/10/1999
Decision Date:	01/15/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old female sustained a work related injury on 01/10/1999. The mechanism of injury was not made known. As of an office visit dated 09/05/2014, the injured worker complained of neck pain. According to the provider, the injured worker has benefited from massage in the past. Medications included Lodine, Flexeril and Norco two times a day for pain and muscle spasms as well as Wellbutrin. A recent flare-up was noted after lifting a heavy object. Physical examination revealed cervical range of motion allowing for 45 degrees of flexion and extension and rotation of 70 degrees on each side. Neurologic exam of the upper extremities was intact. Lumbar range of motion allowed for 90 degrees of flexion with forward reach to the ankles, extension of 20 degrees and lateral flexion of 45 degrees on each side. Straight leg raise was negative bilaterally. Neurologic exam of the lower extremities was intact. Diagnoses included cervical degenerative disc disease, L4-5 degenerative disc disease and right shoulder rotator cuff surgery on 03/17/2013. Plan of care included massage therapy one time a month for six visits. The provider noted that she had responded well to massage in the past. Her condition was already permanent and stationary. She was referred for pain management for chronic pain symptoms. Massage treatment notes or radiology reports were not submitted for review. The number of massage treatments completed was not specified in the documentation provided. On 10/24/2014 Utilization Review non-certified massage therapy one time a month for six months in treatment of the neck that was requested on 10/20/2014. According to the Utilization Review physician there was no documentation of the number of total massage therapy sessions provided and no objective evidence of any significant functional improvement. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Massage therapy one time a month for six months, treatment of the neck Quantity: 6:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 60.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication as to the number of massage therapy visits the patient has previously undergone. Furthermore, there is no documentation of objective functional improvement from the therapy sessions already authorized. Additionally, there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.